

**STEMSmarts Inc.**

**After School STEM & Robotics  
Learning Center**

**Application Packet**

# STEMSmarts Inc.,

## Afterschool STEM & Robotics Learning Center

Dear parent,

STEMSmarts Inc offers after school Robotics lessons for kids of ages 6 – 15.

The classes will be held at St. Mark’s Episcopal Church at Citrus Park on Thursdays 6:00 PM – 7:30 PM and at Northwood Club house at Wesley Chapel on Fridays 6:00 PM – 7:30 PM.

Students attend 1 class per week.

Please complete this Registration packet in its entirety to register your kid. Email completed forms to [admin@stemsmartsinc.com](mailto:admin@stemsmartsinc.com)

Fee is collected by session which runs for a month. Fee for each session is \$125.

You can send the payment by check payable to STEMSmarts Inc. or transfer via Zelle to our account by our phone number 813-894-2106

Once registered refunds are available only per our published refund policy. Complete details, terms and conditions can be found on our website at <http://www.stemsmartsinc.com>.

Spots are available on a first come first serve basis. Space is limited.

### Application Checklist

- Student Information
- Medical release Agreement
- Photo release Agreement
- Discipline Policy Agreement
- Consent and Waiver Agreement
- Payment

# STEMSmarts Inc.,

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### Student Information

*First Name:*

*Last Name:*

*Date Of Birth:*

*Gender:*

*Address:*

*School:*

*Grade:*

#### ***Class Choice (6 PM – 7:30 PM) \*\****

- West Tampa Robotics Club - Thursdays at Northwood Club House at Wesley Chapel
- Wesley Chapel Robotics Club - Fridays at St.Marks Episcopal Church at Citrus Park

\*\* Please note if a class is full or on a break or still being built the kids will be placed in a waiting list until a spot opens or the class restart. We will try to accommodate your priority but to group the kids we may have to go with your 2nd priority day.

### Parent Information

	Parent 1	Parent 2
<i>Name</i>		
<i>Phone No</i>		
<i>Email</i>		
<i>Address (if different from the child's)</i>		

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### Contacts

Child will be released only to the custodial parent or legal guardian and the person listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name	Phone No

### Medical Information

Please list allergies, special medical or dietary needs, or other areas of concern:

I hereby grant permission for the staff of STEMSmarts Inc to contact the following medical personnel to obtain emergency medical care if warranted.

**Doctor's Name:**

**Doctor's Phone:**

**Doctor's Address:**

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### Medical Release and Authorization

The undersigned further understands that the staff of STEMSmarts Inc will make reasonable efforts to notify any or all parents/legal guardian in the case of a medical emergency or other condition but authorizes that the staff of STEMSmarts Inc. to seek such care or treatment, and for any care or treatment to be administered, even in the event that no parent/legal guardian is not contacted prior to the seeking or rendering of such care, treatment, or other measure. The undersigned agrees to release the Releasees from all liability for such decisions or actions in seeking medical care and agrees to pay the costs and fees for the medical care or treatment.

### Medical, Dental, Health, and Insurance Responsibilities:

I understand and acknowledge that STEMSmarts Inc. cannot assume responsibility for determining the medical, dental, or health condition of my child. If my child is required to receive medical, dental, or hospital services during class, I am aware that STEMSmarts Inc. cannot and does not assume legal responsibility for payment of such costs; rather, I hereby assure STEMSmarts Inc that I have assumed all risk and responsibility thereof and that my child has the necessary insurance to meet all needs for payment of these services during the classes.

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

# STEMSmarts Inc.,

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### Photo/ Video Release

I hereby grant STEMSmarts Inc. permission to use my or my child/ward, likeness video and/or photograph in all its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of STEMSmarts Inc. and will not be returned. I hereby authorize STEMSmarts Inc. to edit, alter, copy, exhibit, publish, or distribute this video/photo for purposes of publicizing STEMSmarts Inc. programs or any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein said likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the video/photograph.

Check this box if you **DO NOT** give the above permission to use your child's photograph or likeness.

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

# STEMSmarts Inc.,

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### Classroom Management Plan / Disciplinary Policy

Please review STEMSmarts Inc's Code of Conduct & Discipline policy.

<https://www.stemsmartinc.com/discipline-policy>

### Child Will Abide by Rules and Regulations

I have instructed my child to cooperate and comply with all reasonable directions and instructions received from the staff. I have reviewed the Code of Conduct, Expectations, and Consequences with my child using the link above. I understand that any violation of class rules will result in consequences, and ultimately dismissal from class. I understand that if my child is dismissed from the class, I will not receive a refund for any unused portion of the pre-paid class fee.

\_\_\_\_\_  
Printed Name of Minor Printed

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

# STEMSmarts Inc.,

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### Informed Consent and Waiver agreement

I hereby acknowledge that I have voluntarily chosen to allow my child to attend STEM Smarts Inc. The activities in which my child may participate at class may include, but are not limited to games, LEGO activities, and outdoor activities. In consideration of allowing my child to participate in STEM Smarts Inc's classes and to the fullest extent permitted by law, I hereby indemnify, hold harmless, release, and discharge STEM Smarts LLC, a Florida limited liability company, d.b.a. STEM Smarts Inc. ("STEM Smarts"), and its principals, officers, members, agents, successors, assigns, contractors, employees, volunteers and assigns from and against all claims, liability, demands, damages, rights of action or causes of action (collectively, "Claims"), present or future, arising out of or connected with my child's participation, including any Claims related to injuries or property damage resulting from such use or activities.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF EQUIPMENT MALFUNCTION OR MISUSE, ANY SLIP OR FALL, AND ANY NEGLIGENT INSTRUCTION OR SUPERVISION.

On my behalf and that of the participant, I hereby warrant that I have read this Liability Release in its entirety, fully understand its contents, am aware that this Liability Release releases Releasees from liability which contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness and have signed this document voluntarily and of my own free will.

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Printed Name of Minor

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Printed Name of Parent/Legal Guardian

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Signature of Parent/Legal Guardian

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Date

**Participation Agreement**

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### Severability

Any provision of this Agreement that is prohibited or unenforceable in any jurisdiction, shall, as to such jurisdiction, be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof or affecting the validity or enforceability of such provision in any other jurisdiction.

### Dispute Resolution Provision

Any controversy or claim between the parties arising out of this Agreement must be settled by binding arbitration in Hillsborough County, Florida before a mutually agreed upon qualified arbitrator in lieu of judicial proceedings. If the parties cannot agree on an arbitrator, then either party may petition a court of competent jurisdiction for the appointment of a qualified arbitrator. The arbitrator will have no power to change the provisions of this Agreement but shall have the power to decide all issues in controversy. The determination of the arbitrators will be conclusive and binding upon the parties to this Agreement, and judgment upon the award rendered may be entered in accordance with applicable law in any court having jurisdiction thereof. The prevailing party shall be entitled to an award of reasonable attorney fees and costs.

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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### Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, without regard to its conflicts of law's provisions.

I HAVE CAREFULLY READ ALL PARTS OF STEMSmarts' PARTICIPATION AGREEMENT AND I FULLY UNDERSTAND ITS CONTENTS AND SUBMIT IT OF MY OWN FREE WILL. I AGREE TO THE TERMS OF THIS AGREEMENT AND UNDERSTAND THAT IT CANNOT BE MODIFIED ORALLY.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND STEMSMARTS LLC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

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Printed Name of Minor

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Printed Name of Parent/Legal Guardian

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Signature of Parent/Legal Guardian

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Date